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ABSTRACT

The Critical Period of Intervention (CPI) model for drug prevention in the schools is unique in that its underlying rationale rests on psychological principles, particularly with the concepts of stage developmental theory and critical period theory. The focus of this program is on prevention, not rehabilitation. CPI consists of four phases: identification, diagnosis, intervention, and evaluation. The purpose of the CPI paradigm is not only to identify the potential high-risk students but, more importantly, to constructively intervene at the critical persuasible moment providing practical and concrete forms of helping. (Author)

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# A MODEL FOR DRUG PREVENTION IN THE SCHOOLS - CRITICAL PERIOD OF INTERVENTION

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The Critical Period of Intervention model for drug prevention in the schools is unique in that its underlying rationale rests upon psychological principles particularly with the concepts of stage developmental theory and critical period theory. The focus of this program is on prevention not rehabilitation. CPI consists of four phases - identification, diagnosis, intervention, and evaluation. The purpose of the CPI paradigm is not only to identify the potential high-risk students but, more importantly, to constructively intervene at the critical persuasible moment providing practical and concrete forms of helping.

# OVERVIEW

The Critical Period of Intervention Program is a drug prevention approach to the drug problem currently facing our nation. C.P.I. is designed to aid the local school district in identifying potential abusers, prepare the necessary interventions, identify resources to train and aid the district personnel to remediate the problem and, finally, to evaluate the results. C.P.I. is not a drug rehabilitation approach to the drug problem. The focus is not to provide packaged drug education programs or other broad inoculation approaches to impact on a total adolescent population.

At the base of the C.P.I. model are the following hypotheses:

1. Drug abuse among adolescents exists and continues to increase.
2. Current preventive programs, especially drug education, have proved to be grossly inadequate to halt the increase.
3. There are specific "critical periods" during the growth and development of an adolescent during which his susceptibility to persuasion (negative or positive) is at its greatest.
4. Identification of a potential drug abuser can be reliably made based on analysis of his self-perception, perception of his family, and perception of him by his peers and his teachers.
5. Once identified, interventions can be made during

the critical periods which will alter the direction of the adolescent toward drug abuse or other extreme deviant behavior.

There are four phases of the C.P.I. model - identification, diagnosis, intervention, and evaluation.

The Identification Phase

A battery of three test instruments requiring about 60 to 70 minutes is administered to the entire eighth grade students in their classrooms. These instruments gather data on the most crucial elements in an adolescent's domain: self-concept, family, and peers. While the students complete the instrument, the teacher is also asked to provide his (her) perceptions of the student's behavior. The purpose of the identification is to locate the highly drug-susceptible student before he becomes a user.

The Diagnostic Phase

Information gained from the identification phase without appropriate action has little value in making constructive change. An identification of emotionally handicapped children and potential drug abusers without remediation activities does little more than set up the "self-fulfilling prophecy." A school team composed of appropriate personnel is created for the explicit purpose of converting the identification into a prescription for action. Alternative plans and strategies are detailed in this program. In essence, this phase moves the identification data from being "interesting information"

into an action plan.

The Intervention Phase

The diagnostic plan formulated by the school team with the aid of the researchers must be implemented if prevention of drug abuse can become a reality. To intervene in the lives of students - in school, among peers, with the family, and within the child himself - will require skills that may or may not exist within the school and/or community. The C.P.I. program will define interventions in detail and identify resources to train school personnel to intervene effectively, provide specialized interventions, and suggest alternate interventions.

The interventions which are to be used to change the cognitive and affective domains of potential drug abusers and other forms of deviant behavior will vary among school districts and possibly even within each school district. The team in the diagnostic phase has to be able to pick and choose those interventions which can truly take place within their district and school.

The Evaluation Phase

Prior to implementing a C.P.I. model in any school district, there must be a mutual agreement on what constitutes success. A priori, the researchers and the schools will agree on the evaluative criteria. Throughout the program, the data necessary to assess the efficacy of the program will be collected. It is the joint responsibility of the school team, central administration, and the researchers to defini-

tively evaluate the success of the program, to point out areas of strength and weaknesses, and to continuously monitor the direction of the program.

THE FOUR PHASES OF CFI

| Phase: | IDENTIFICATION | DIAGNOSIS | INTERVENTION | EVALUATION |
|---|---|---|---|---|
| WHERE | Junior High or Middle | Final Action: In School<br>Preliminary: Fred Streit Associates | Schools, church, home agencies, other professionals | School |
| WHEN | Anytime after Oct. 15 | 3-6 Weeks after testing | As soon as possible after diagnostic action is taken | Annually - one year initial testing |
| HOW | Instruments: Battery of 3 test instruments to gather data on:<br><br>1. Self-concept<br>2. Family<br>3. Peers<br><br>While students complete the questionnaire the teacher provides his/her perceptions of the students' behavior.<br><br>Testing Procedure:<br><br>1. Requires 70 minutes<br>2. Administered to all students at one time and on one day<br>3. DO NOT ASSEMBLE all students in one room. Tests are completed in regular classrooms.<br>4. Completed questionnaires are stored, handled and pro- | Final Action: A school team reviews findings. They determine the particular remedial action to use with each child. The school team and administration arrange personnel, facilities, and time required to begin remedial action.<br><br>Preliminary Report: Data is coded, tabulated and computed by Fred Streit Associates. A report covering each class which took the instrument is provided. Specific probabilities for each child are determined; problem group characteristics for each child are indicated. | AT ALL LEVELS OF A CHILD'S LIFE:<br><br>Group Interventions<br><br>1. Group Experience, Group Dynamics<br>2. Peer Counselling and Guided Group Interaction<br>3. Social Milieu Identification<br>4. Training to Conduct "Rap" Counselling<br>5. Training to Assume Adult Role Model<br>6. Parent Effectiveness Training (PET)<br><br>Personal Interventions<br><br>1. Parent Information<br>2. Adult Role Model<br>3. Skill Development<br>4. Therapy, Non-directed, Client-Centered<br>5. Reality Therapy | Elements of Evaluation:<br>1. Personal Change<br>a. Re-administer test<br>b. Observation<br>c. Interviews<br>d. Anecdotal Data<br>2. Improved Achievement<br>a. Grades<br>b. Standardized Test Data<br>3. Improved Interpersonal Perception<br>a. Interviews with family, peers, teachers<br>b. Re-identification testing<br>4. Problem Behavior Index<br>a. Drug abuse related arrests, crime among student population in district<br>b. Drug rehabilitation referrals<br>c. Suspensions, disciplinary |

THE FOUR PHASES OF CPI (CONTINUED)

| | | | | |
|---|---|---|---|---|
| | cessed with confidentiality | | 6. Companionship Therapy<br>7. Client-Centered Family Therapy<br>8. Referral Intervention | measures<br>d. "Incidents" |
| BY WHOM | Teachers administer the questionnaire. | School team proposes remedial action based on the findings of the identification questionnaire. Report furnished by Fred Streit Associates | Teachers, administrators, parents, peers, mental health specialists, clergy, agencies, etc. | District Administratio |
| WHY | This scientific method provides factual information. The data collected by the instruments are valid and reliable indicies which indicate probabilities of each child becoming a drug abuser | "Emotionally handicapped" children and their problem group characteristics are explicitly identified. The school team can appropriately suit the interventions to the specific remedial needs of the child | 1. To promote self discovery for the emotionally handicapped child.<br>2. To furnish supportive environment in which child initiates the mechanics of behavior change<br>3. To remediate emotional handicaps by intervening at a critical period of growth when optimum results can be realized | 1. To determine overal effectiveness of program<br>2. To indicate areas of program where readjustment may be required<br>3. To provide feedback to researchers and school personnel |

# THEORETICAL BASE OF CPI

## Life Cycle Dynamics

Table 1 presents the life cycle dynamics scheme of Chad Gordon, the eminent sociologist. The one precaution in interpreting information from the diagram is that some subgroups and subcultures will not fit precisely into categories because of different patterns of socialization. The diagram reveals the very significant need for a relationship with a same sex peer at the stage of early adolescence or preadolescence. H.S. Sullivan (1953) labeled the same sex peer a chum who helps in meeting the tasks of life. Preadolescence is an important period because it marks the beginnings of peer relationships. Parental influence is greatest at about the sixth grade level and probably least at the twelfth grade level. Larson (1970) found that the extent of parental influence at grade seven was not related to the quality of the parental relationship.

Preadolescence has been erroneously described as the period of turning away from parents. The shift from the primacy of parental influence to the primacy of peer influence can best be described as a gradual and continuous process. There is no doubt, however, that the peer group during adolescence begins to assume increasing importance as family dependency decreases. Gordon (1971) describes the transition as the preadolescent's attempt to win some

Stage Developmental Model
of the Typical Life Cycle

| Life Cycle Stages | Approximate Ages | Most Significant Others | Major Dilemma |
|---|---|---|---|
| Infancy | 0-12 months | mother | Affective gratification/ sensory motor experience |
| Early Childhood | 1-2 years | mother, father | Compliance/self-control |
| Oedipal Period | 3-5 years | father, mother, siblings, playmates | Expressivity/instrumentality |
| Later Childhood | 6-11 years | parents, same sex peers, teachers | Peer relationships/ evaluated abilities |
| Early Adolescence | 12-15 years | same sex peers, parents, opposite sex peers, teachers | Acceptance/achievement |
| Later Adolescence | 16-20 years | same sex peers, parents, teachers, loved one | Intimacy/autonomy |
| Young Adolescence | 21-29 years | loved one, husband or wife, children, employers, friends | Connection/self-determination |

autonomy from parents while winning peer support (acceptance) through conformity to teenage norms.

Adolescence

Adolescence is generally defined as a critical period of human development manifesting itself at the biological, psychological, and social levels of development. The onset and duration of this critical period of human development varies but it marks the end of childhood and forms the setting for the foundation of adulthood.

Biologically, the onset of adolescence is signaled by the acceleration of physiological growth and the beginnings of secondary sexual development. We are all familiar with the adolescent boy's body growth and concern with physical strength and the beginning of the menstrual period in adolescent girls. These and other external physiological changes are a small portion of the internal biological change which occurs during adolescence.

Psychologically, the adolescent begins at this time to accelerate in cognitive and affective development. He begins to think and to feel, to face questions, to try to comprehend what is to be known in himself and the world around him. The stories of "teenage puppy love" and "steady dating" are examples of this affective growth where adolescents are faced with new person-objects of their love and affection. Both of these psychological components, cognitive and affective development, are also integrated with the growth of personality which marks the adolescent period. How

an adolescent acts and re-acts to the forces of growth from within himself and from the world around him influences the shape of personality, e.g., introvert, extrovert, rebellious, conformist, dependent, independent, etc. Psychologically, the critical period of adolescent growth is crucial in bridging the child's leaving of childhood and reaching for adulthood.

Socially, adolescence is a period of intensified preparation for the assumption of an adult role in society and of relating to his peers and adults. The shift from childhood to adolescence is probably the most crucial transitional stage in the saga of the developing human organism. The hallmark of this stage is the gradual but persistent passing "from the highly personal family envelope to the eminently impersonal societal envelope (Blos, 1971)". Incidentally, the anthropologist interprets this shift from parental to peer influence as being functually related to the rate of change in society. In a less stable society, the maturing youth attend to their contemporaries for identification. In a more stable society, children and adolescents turn to their parents and other adults as the best guides for preparing them for their future vocational and social roles. Mead (1970) has termed this process the <u>postfigurative</u> model but has noted that more recently with a greater rate of social change, the young attend less to parents and more to peers for successful survival and adopting strategies. Mead calls this less stable culture <u>cofigurative</u>. In a cofigurative culture, parental influence is not irrelevant or absent,

parents set the limits for the behavior of the young.

Adolescence marks the tapering off of the intense family ties and the beginning of the adolescent's knowing how to relate to those outside the family unit. These "others" outside the family unit include adults with whom there is contact - adult friends, teachers, etc. This socialization also involves the critical area of peers. As an example of this socialization, we all see the frequent sight of adolescents in their distinctive dress, wearing clothes particular to their peer group. Peer group is a major social force on the adolescent ranging from influencing what clothes to wear (jeans, sandals) on to "popping pills" at a party. During this critical period, the adolescent learns to socialize and adapt to himself with others and others with himself.

Critical Elements of Growth

Rogers (1972) defines critical period as meaning tha the particular experiences in a person's environment may have a more profound effect at certain periods than at others. For example, a child may lack the appropriate psychomotor development in later years if as a young child he is deprived of numerous interactions with physical realia. Historically, the concept of critical period originated in experimental embryology and has been extrapolated to have serious implications for developmental and child psychology. The critical period concept states that there is a brief and specified period of time when certain events have lasting and dramatic effects on

a developing physiological system. Kagan (1971) has stated that certain critical events prepare the child for major psychological changes particularly in early adolescence. If the proper inducing events or experiences occur too early, too late, or not at all, the child is likely to be psychologically aberrant.

The reality of "critical period" in a human being's development is crucial for understanding the basis of the CPI program. The term "critical period" refers not only to the overall phase of development that is adolescence but also to the particular elements which make up adolescence. There are rapid and profound changes in the biological, physiological, and psychological organism of a human being at this adolescent time of life. Even time and timing are critical during adolescence -- that is, not only what and how affect a human being's growth but also when it happens. We are acquainted with the over-burdened, anxious child who is given too much responsibility too soon and is unable to meet the responsibilities and the opposite example of the stifled, suffocated cramped child who is not given any responsibility.

This "critical period" of growth and development is also connected to what has been or has not been accomplished in an adolescent's earlier childhood. If there have been severe deficits in early childhood such as lack of proper nutrition or lack of cognitive stimulation, the developmental tasks of adolescence will be even more difficult. If

the developmental tasks of early infancy have been met, then the critical period of adolescent growth and development will be supported by these accomplishments.

Psychological growth is a critical period of integration in every sense for the adolescent. Unless there are the trusting relationships in an adolescent's life, it is difficult to find the needed security to grow and develop. Without the cognitive development of "knowing-understanding" and the affective development of "feeling-loving" the growth of a strong independent personality is jeopardized.

The same holds true for the social aspect of growth and development. The healthy interaction with peers, the trusting relationship with adults, the sense of being able to participate successfully in school life and in social life, all are needed elements for the adolescent to bring over to adults roles and responsibilities.

Mention is made of these critical aspects of growth and development not only as separate developmental tasks to be accomplished but with the awareness of the significant interaction of these elements. The biological and chemical change in the appearance of menstruation in an adolescent girl influences what she psychologically feels and understands of her identity as a woman. And this, in turn, affects the way in which she conducts herself with her peers.

Adolescence is a critical period of development and this critical period extends to the biological, psychological, and social areas of maturation. These critical elements are each important by themselves but are especially important when the

various interactions among them are considered.

The Crisis Factor

Crisis is defined as a "turning point, a new beginning." In the crisis of adolescence the turning points are those forces which can turn the adolescent to adulthood or to remaining a child. The forces providing the stimuli for these turning points include the adolescent's

1. own self-perception
2. perception of his family
3. peer's perceptions of him
4. teacher's perception of him.

Because these forces are so critical in an adolescent's life, the CPI program is designed to tap these forces and use them as indicators of the direction the adolescent is moving toward adulthood or regression to childhood. Little explanation is required to emphasize that the way in which an adolescent perceives himself is critical to his identity, personality, and behavior. Identifying the adolescent who perceives himself in a negative destructive way assuredly identifies a problem adolescent.

Recent research evidence (Streit and Oliver, 1972) indicates the adolescent's perception of family closeness/distance as a crisis factor. For example, drug abusers generally perceive their family as distant. This means that lack of care, warmth, acceptance, and trust provide a crisis force in the adolescent's life. In the CPI identification process, this force acting on an adolescent's life is measured as an indica-

tor of potential difficulty.

Teacher perception is another outside force acting in the student-adolescent growth and development sphere. As a crisis factor, we are aware of the teacher who perceives a student as "likeable, attractive" or the student perceived as "disagreeable, unattractive." The child is generally aware of the teacher perception and responds to it. What is of importance for the CPI Program is that the teacher stands as an adult observing an adolescent in many facets of his school and social life. Thus, the teacher's perception of the child becomes a significant other factor in the identification of the child with potential problems.

These critical forces comprise the struggles through which an adolescent comes to a crisis, a turning point. CPI's ability to locate, identify, and analyze these forces not only ensures an understanding of the adolescent but also becomes the point at which intervention-helping becomes practical and real.

Persuasibility Factor

In attempting to help the individual student, it is logical to have the point of intervention at the greatest point of influence. This point of influence is the persuasibility factor. At different times, we all find ourselves more susceptible and persuasible to influence. If we have little money in our pockets, we are less likely to foolishly spend it. However, if we have the money and accidently happen to see a bargain, we may be easily persuaded by a good salesman to buy.

At what point in our lives is the persuasibility factor most operative? Research indicates that transitional stages in life, crisis situations, high need, dependency situations, and traumatic experiences are maximum persuasible moments. Familiar examples could include shopping for a house, going away to college, loss of a close relative or getting married. In all these situations, there is a process taking place of unfreezing the old patterns and attitudes, a reorientation to the new situations and then the freezing or stabilizing of the new patterns and attitudes. When a person moves from the parental home to his own home, old patterns are broken, a new orientation takes place, and new routines and life patterns are assimilated.

The persuasibility factor is most often at work during adolescence. Crisis, traumatic experience, beginning a new stage of life, and high dependency particularly expose the adolescent to persuasion. For example, when the eighth grade student moves to junior high school, he is ready to discard the old patterns of elementary school and reorient himself to his new world. In this transitional process, the demands of making new friends, of dating, of new school subjects and teachers, of dependence on peers, and the possibility of failure and disappointment all converge on the adolescent. Kagan (1971) notes that there are two dramatic changes that can affect the lives and thoughts of preadolescents. The first change is that the preadolescent is likely to encounter quite a bit of dissonance concerning the many different beliefs held by students in a junior high or senior

high. The beliefs concern values and attitudes toward sex, drugs, respect for parents, and respect for schooling. Obviously, the wide variability of values did not exist in the more monolithic elementary school. The second change concerns itself with the tracking or homogeneous grouping techniques usually seen in junior and senior high schools. Kagan (1971) outlines the psychosocial consequences of homogeneous grouping:

> "...tracking forces each student to scrutinize his intellectual profile in some detail. Tracking often frightens those in the top track, many of them who believe they are not talented enough to warrent the challenging assignment. It saddens and angers those in the lower track, who resent the invidious categorization and are forced to invent a rationalization against the importance of academic accomplishment. Once that rationalization crystallizes, it becomes incredibly resistant to change (p. 1005)".

Along with these external pressures, there are the internal biological-psychological changes taking place to which the adolescent must adapt. With these internal and external pressures and demands coming to bear on the adolescent, he is more persuasible to information, direction, and methods of adapting to his new self and world. This is why CPI stresses the importance of intervention at these critical persuasible moments in adolescence -- because the adolescent is beginning a new stage of life, dependent on others for advice and at a crisis point in his or her development, he or she is most susceptible for direction, concern, and intervention.

The adolescent also integrates his past development and present state of change by experimenting, taking risks, and making sense of his world. To constructively intervene at these persuasible points is of maximum advantage for both the school and the adolescent. Because the adolescent is more susceptible and open, the school can capitalize on the returns of the intervention program they implement. With the CPI approach, the schools are not rehabilitating the adolescent's behavior. They are implementing an intervention program which suggests alternative ways for the adolescent to examine and respond to his development.

For the adolescent, this intervention program of concern and direction can more easily assist him in answering his needs at this critical persuasible time. Without such concern and direction, he is left open to all sorts of influence, positive and negative, and left on his own to work through his changing or not changing to adult status. Both consciously and unconsciously, he asks for support and constructive answers from somewhere. This is the persuasibility factor - and, this is the point of CPI intervention.

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## SUMMARY

The Critical Period of Intervention concept is not startingly different from what is already known about children. However, CPI is unique in that it synthesizes a body of knowledge directed at the prevention of drug abuse. The hallmark of the CPI is the marshalling and maximizing of all existing community and school professional resources.